

## **ATTACHMENT 70-A: Medical Review Policy Questions**

In preparation for the medical review orientation meeting with each state, states' policies are reviewed to determine major payment policy guidelines for each state. The following questions represent some areas of clarification needed for medical review completion that were frequently encountered during previous PERM cycles. Answers to these questions may speed up the review and enhance the possibility of finding cases error-free.

### **Acute Care Hospitals:**

1. Coder (C) Are your state's acute care hospital claims paid by per Diem or DRG?
2. (C) If paid per Diem, are there different levels of payment (*observation, ICU, etc*)?
3. (C) If paid by DRG, what grouper version does your state utilize?
4. (C) Must Medicaid covered newborns be issued a Medicaid/Recipient ID number prior to billing the claim? If not how does your state identify claims of newborns, if the name has changed since birth (*record has "baby-girl So-and-So" and claim has "Susie Such-and-Such"*)?
5. (C) How does your state cover mothers and babies? Are deliveries services covered on the mother's claim or the newborn claim? (*In some states, babies may be covered and the mother not covered, so the mother's delivery services are processed with the baby's Medicaid number.*)
6. Nurse (N) Does your state utilize a national guideline to determine medical necessity (McKesson's InterQual Criteria, Milliman Care Guidelines or state specific guidelines)?
7. (N) When inpatient acute care documentation does not support acute inpatient billing does your state Medicaid plan reimburse outpatient/observation level of care?

### **Physician Cert/POC:**

(N) Does your state rigidly enforce your state guidelines that all (most/some) data elements are met for certification/re-certification of services? (state management varies).

### **Long Term Care:**

1. (N) How are Nursing Facility (NF), ICF, and ICF/MR claims in your state paid?
2. (N) What carve-outs, if any, are there for any services in your state (*are oxygen, ventilators, or therapy services separate from daily service*)?
3. (N) What entity performs the initial admission assessment, and where is the assessment tool located?
4. (N) Will minimum data set (MDS) information be present in records?

5. (N) Are your state's requirements for care plan initiation and approval located in the policies available in your online policies?
6. (N) What is the frequency of documentation required of physician oversight for NF ICF, and ICF/MR cases?
7. (N) What alternate levels of care are available in your state (*assisted living, group homes, in-home caregiver programs, etc.*)?
8. (N) Are the policies and specifics available online or provided to the RC for these claim types?

### **Outpatient Services and Clinics:**

1. (N) What are your state's documentation requirements for dental claims, and where are the dental policies located?
2. (N) For orthodontia, are there payment/billing policies relating to dates of service, authorization, and coverage, and where might these instructions be found?
3. (C) Are procedure specific codes and fee schedules/reimbursement tables available online for dental/orthodontia services?
4. (N) What are your state's requirements for referral to and documentation of care for mental health services?
5. (N) What are your state's documentation requirements for Targeted Case Management (TCM)?
6. (C) Are service specific fee schedules/reimbursement tables applicable to TCM available online?
7. (N) Does your state use state-based automated documentation of EPSDT immunizations, and is this information also included in the child's record with the pediatrician?
8. (N) Will a record of outpatient services such as a laboratory tests or radiologic procedures include the physician's order along with test reports?
9. (N) Are policies and specifics relating to these claims available online, or provided to the RC for these claim types?
10. (C) Does your state utilize local codes? If so, where are crosswalks to national codes with expiration dates located?
11. (C) What reimbursement method, rate table or fee schedule does your state utilize to process outpatient and ambulatory surgery hospital claims? (APC, APG, procedure specific fee schedule)

12. (C) Where in the policies are APC/APG rate tables and/or procedure specific fee schedules located for outpatient claim reimbursement?

### **Pharmacy**

1. (N) What are your state's necessary elements required for original prescriptions (*full name, address, of patient and provider, as well as drug name, dose, route, indication, and NDC code*)?
2. (N) What are your state's documentation requirements for telephone and electronic prescriptions?
3. (N) What are your state's requirements for long-term care pharmacy claims (*prescription, or order in client's record*) and may we expect to see the physicians' orders?
4. (N) Are the policies located in the Medicaid or State Board of Pharmacy regulations and are they available online (*If not, were they provided to the RC?*)?

### **Waiver Programs:**

1. (N) What are the names used to identify the assessments and care plans for clients covered under your state's waiver programs (*Examples: Individual Education Plan (IEP), Individual Service Plan (ISP), and Plan of Care (POC)*)?
2. (N) What are your state's requirements for the frequency of re-assessments and updates for these services?
3. (N) What are the documentation requirements for Targeted Case Management (TCM) services?
4. (C) What coding resource does your state utilize for TCM, therapy services, and mental health visit units calculated? Where are the policies stating the values available to the reviewers for reference?
5. (N) How are homemaker and personal care assistant services validated for reimbursement? What oversight documentation is required?
6. (C) What unit of measure does your state utilize for homemaker and personal care assistant service?
7. (N) Does your state cover meals on wheels? If so, where are the documentation requirements located?
8. (C) How are meals on wheels reimbursed?

## **Pilot Programs**

1. (N) Are there any pilot programs/demonstration project in your state i.e. Home and Community Based Services (HCBS), and how do their policies differ from existing services?
2. (N) Where are your state's pilot program/demonstration projects policies located?
3. (C) How does your state's pilot program or demonstration project reimburse for services? Where are the resources located?

## **Other:**

1. (N) Where in your state's policies and regulations are school-based services located?  
*(Some states maintain the policies relating to school-based services under the Department of Education, others in the Medicaid regulations.)*
2. (N) Does your state cover non-emergent transportation services? If so, where are the documentation requirements located?
3. (C) What reimbursement rates or fee schedules are used for non-emergent transportation services? Where are the resources located?